



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: REPORTING CLINICAL INCIDENTS INVOLVING INTENTIONAL INJURIES, DEATHS, ALLEGED CLIENT ABUSE AND POSSIBLE MALPRACTICE.	POLICY NO. 202.18	EFFECTIVE DATE 11/15/02	PAGE 1 of 5
APPROVED BY: Director	SUPERSEDES 102.18 05/19/94	ORIGINAL ISSUE DATE 05/19/94	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To establish uniform guidelines for prompt reporting of clinical incidents to the Director of the Department of Mental Health (DMH). Clinical Incident Reports will be used by DMH for evaluating and improving the quality of mental health services rendered by County operated and contracted mental health agencies.

POLICY

- 2.1 In the event of any Clinical Incident (defined in Section 3.1 below), the physical well being and safety of the persons involved shall be the primary consideration. Referrals to appropriate life saving and/or safety agencies shall be made (e.g., paramedics and/or law enforcement).
- 2.2 All Clinical Incidents are to be reported immediately to Departmental Management, following the protocol described below.

DEFINITIONS

- 3.1 For the purposes of this policy, the term "Clinical Incident" is defined as:
 1. Death – Other than Suspected of Known Medical Cause or Suicide
 2. Death – Suspected or Known Medical Cause
 3. Death – Suspected or Known Suicide
 4. Suicide Attempt Requiring Emergency Medical Treatment (EMT)
 5. Client Sustained Intentional Injury Inflicted by self or another (Other than Suicide Attempt) Requiring EMT
 6. Client Injured Another Person Who Required EMT
 7. Homicide by Client
 8. Medication Error or Adverse Medication Event Requiring EMT
 9. Suspected Client Abuse by Staff
 10. Possibility or Threat of Legal Action
- 3.2 Clinical Incidents may be either non-critical or critical in nature.



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3.2.1 A non-critical Clinical Incident is one that does not generate governmental and/or immediate community-wide attention and, thus, does not require a report to the Board of Supervisors by the Director.

3.2.2 A critical incident is one generating governmental and/or immediate community-wide attention and, thus, may require a report to the Board of Supervisors by the Director.

PROCEDURE

4.1 **REPORTING NON-CRITICAL CLINICAL INCIDENTS** (as defined in Section 3.2)

4.1.1 Non-critical Clinical Incidents shall be reported immediately to the manager/supervisor and up through the chain of command.

4.1.2 Staff involved/observing/notified of the incident shall complete page one of the Clinical Incident Report (see instructions below) and attach copies of any newspaper articles concerning the Clinical Incident. The report shall be completed even though the facts may not be fully known. In order to ensure that the appropriate information is included in the Report, it is advisable (but not required) that a manager review it prior to its being sent.

4.1.3 The Report, with attachments, shall be sent to the Medical Director via confidential interdepartmental mail within the next business day. *Contract agencies must report non-critical Clinical Incidents within forty-eight (48) hours, following the above procedure.*

4.1.4 Page two of the Clinical Incident Report – the Manager's Report of Clinical Review – shall be completed by the manager and submitted to the Clinical Risk Manager via confidential mail within thirty (30) days of the Clinical Incident.

4.1.5 The Clinical Incident Report may be completed on a computer and printed for sending via confidential mail, but **shall not be e-mailed.**

4.1.6 If the clinic manager so chooses, one copy of the Clinical Incident Report can be made and maintained in a separate file. **No other copies of the Clinical Incident Report shall be made** by anyone other than the Clinical Risk Manager or his/her designee.

4.1.7 Clinical Incident Reports or related correspondence/references regarding the incident report shall not be entered or placed in the client's medical record, but rather be kept in a separate file at the clinic.



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- 4.1.8 The Clinical Incident Report and related correspondence shall be treated as privileged, confidential communication between DMH, Los Angeles County's Third Party Administrator, County Counsel and contracted legal counsel in the areas of risk management and medical malpractice. Incident Reports shall not be made available to anyone other than County Agents.
- 4.1.9 Clinical Incident reporting does not preclude the proper reporting on other Countywide reporting forms to other appropriate DMH bureaus/staff such as: Employee Relations for alleged employee misconduct; the Safety Officer for Incidents listed on the Security Incident Report (SIR); the Director of Medical Records for subpoenas/medical record events; the Chief of Administrative Support Bureau for client/visitor injuries on County Property or property damage; and the Return to Work Coordinator for employee illness or injuries.
- 4.1.10 The Clinical Risk Manager may make copies of Clinical Incident Reports for training or review purposes, provided client identification is removed.

4.2 REPORTING CRITICAL CLINICAL INCIDENTS

- 4.2.1 A Clinical Incident Report shall be reported immediately to the manager/supervisor and up through the chain of command.
- 4.2.2 Staff involved/observing/notified shall complete part one of the Clinical Incident Report and attach copies of any newspaper articles concerning the clinical incident. The report shall be completed even though the facts may not be fully known. In order to ensure that appropriate information is included, it is advisable (but not required) for a manager to review the Report prior to its being sent.
- 4.2.3 The Report and attachments shall immediately be submitted to the Medical Director via confidential fax. Prior to sending the fax, staff shall telephone the Medical Director's office or the Clinical Risk Manager to notify them that the Report is being sent. The Medical Director shall determine notification of the Director or Chief Deputy Director.
- 4.2.4 Page two of the Clinical Incident Report, the Manager's Report of Clinical Review, shall be completed by the manager and submitted to the Clinical Risk Manager via confidential mail within thirty (30) days of the Clinical Incident.
- 4.2.5 The Clinical Incident Report may be completed on a computer and printed for confidential faxing, but **shall not be e-mailed.**



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- 4.2.6 If the clinic manager so chooses, one copy of the Clinical Incident Report may be made and maintained in a separate confidential file. **No other copies of the Clinical Incident Report shall be made** by anyone other than the Clinical Risk Manager and his/her designee.
- 4.2.7 Clinical Incident Reports and/or related correspondence/references regarding the incident report shall not be entered or placed in the client's medical record, but rather kept in a separate confidential file at the clinic.
- 4.2.8 The Clinical Incident Report and related correspondence shall be treated as privileged confidential communication between DMH, Los Angeles County's Third Party Administrator, County Counsel and contracted legal counsel in the areas of risk management and medical malpractice. Incident Reports shall not be made available to anyone other than Los Angeles County Agents.
- 4.2.9 The Clinical Risk Manager shall review the faxed Clinical Incident Report with the Medical Director. In the absence of the Medical Director, the Clinical Risk Manager shall review the faxed material with the Chief Deputy Director or the Director.
- 4.2.10 Clinical Incident reporting does not preclude the proper reporting on other Countywide reporting forms to other appropriate DMH bureaus/departments/staff such as: Employee Relations for alleged employee misconduct; the Safety Officer for incidents listed on the Security Incident Report (SIR); the Director of Medical Records for subpoenas/medical record events; the Chief of Administrative Support Bureau for client/visitor injuries on County property or property damage; and the Return to Work Coordinator for employee illnesses or injuries.
- 4.2.11 The Clinical Risk Manager may make copies of the Clinical Incident Reports for training or review purposes, provided all client identification is removed.
- 4.3 **NOTE: At this writing the Chief Administrative Office is finalizing a Risk Management Information System (RMIS) that will require the entry of Clinical Incident data into the computer system. Directly operated County facilities will be notified when RMIS goes on-line, after which all directly operated County facilities MUST use RMIS to input Clinical Incident Reports.**



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5.1 QUALITY IMPROVEMENT

- 5.1.1 The DMH Quarterly Clinical Risk Management Committee: The Clinical Risk Manager shall conduct regular reviews of selected Clinical Incidents, Adverse Outcome Reviews, and trends of reporting clinical incidents with the DMH Quarterly Clinical Risk Management Committee for purposes of improving the mental health care provided in County operated and contracted mental health agencies.
- 5.1.2 The Clinical Risk Manager shall report the results of reviews and any recommendations to the appropriate DMH committee or bureau for information or action as indicated.
- 5.1.3 Adverse Outcome Review Meetings: Without any implication or acknowledgement of wrongdoing or censure, the Medical Director may convene an Adverse Outcome Review to make a thorough examination of the facts in selected Clinical Incident Reports. Participants in this Review shall include the following persons or their designees: the Medical Director, Clinical Risk Manager, Deputy Directors, selected Geographic Area/ Initiative Managers and/or others within the Department or contract agencies. Designated Clinical Incident Reports and other related materials will be used and a Brief synopsis of the case will be presented and discussed.
- 5.1.4 Adverse Outcome Reviews shall be convened for significant cases. Recommendations resulting from the Review will be referred to the DMH Quarterly Clinical Risk Management Committee, participating management staff and other DMH committees or Bureaus for action.
- 5.1.5 All materials presented or discussed in the Adverse Outcome Review and/or DMH Quarterly Clinical Risk Management Committee are privileged and strictly confidential Under State law.

AUTHORITY

WIC Section 5328
Evidence Code Section 1157 relating to medical professional peer review documents
Government Code Section 6254 (c) relating to personnel records.

ATTACHMENT Clinical Incident Report

REVIEW DATE This policy shall be reviewed on or before November 15, 2004.

Please type or print. **LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**

Client's Name:		Date of Birth:	Sex:	MIS #:	Incident Date:	Time:
Provider #	Clinic/Program Name: (Include address if not county-operated)			Incident Location:	Diagnosis:	
List the frequency and dosages of <u>all</u> current medications:						
Is the treatment regimen within DMH Parameters? Y <input type="checkbox"/> N <input type="checkbox"/>				Treating Psychiatrist:		
Clinical Incident Type: (Check number)						
<input type="checkbox"/> 1. Death-Other Than Suspected or Known Medical Cause or Suicide <input type="checkbox"/> *4. Suicide Attempt Requiring Emergency Medical Treatment (EMT) <input type="checkbox"/> *7. Homicide By Client						
<input type="checkbox"/> 2. Death- Suspected or Known Medical Cause <input type="checkbox"/> *5. Client Sustained Intentional Injury (Not Suicide Attempt) Requiring EMT <input type="checkbox"/> *8. Medication Error or Adverse Medication Event Requiring EMT						
<input type="checkbox"/> *3. Death- Suspected or Known Suicide <input type="checkbox"/> *6. Client Injured Another Person Who Required EMT <input type="checkbox"/> *9. Suspected Client Abuse by Staff <input type="checkbox"/> *10. Possibility or Threat of Legal Action						
Describe the incident. Include important facts. If necessary, use an additional sheet that includes the disclaimer at the bottom of this page.						
Is the family aware of this event? Y <input type="checkbox"/> N <input type="checkbox"/>		Family Attitude:		Name/Title of Reporting Staff:		Signature:
Telephone #:		Date of Report:		Agency Manager's Name:		Manager's Telephone #:

This information is privileged and confidential under Evidence Code Section 1197 and Government Code 6254 [c.]
Do not file in the client medical record. 7/02

The Manager should submit this page within 30 days of the clinical incident after completing a clinical review for incidents in asterisked categories 3-10 on the clinical incident report. Mail to Mary Ann O'Donnell, RN, MN, LAC DMH Clinical Risk Manager, 550 South Vermont Ave., 12th Fl. Los Angeles, CA 90020. Thank you for your review of this case.

Manager's Name: _____ Manager's Signature: _____ Date: _____
Date of Clinical Incident Report : _____ Check **Y** or **N** if indicated. Please use additional page(s) if needed, referring to the number and include the disclaimer on the bottom of this page to preserve confidentiality. Please attach the Clinical Case Review if conducted. Date and type of last contact: _____

1. If treatment regimen was outside of DMH parameters, is supportive documentation present in the medical record? **Y** ☐ **N** ☐
If **N**, please explain.

2. Was substance abuse (SA) a factor in this event **Y** ☐ **N** ☐

3. If 2 is **Y**, was the client receiving SA or Dual Diagnosis treatment? **Y** ☐ **N** ☐

4. If 3 is **N**, please explain:

5. If indicated, was this event reported to DHS, State DMH, or DCFS? **Y** ☐ **N** ☐ If **N**, please explain.

6. List any pre-disposing factor(s) or root cause(s) that may be relevant in this type of event, e.g. include, if relevant, factors in the transfer of care between providers, e.g., medications supplied for transition to the receiving provider:

7. List any recommendations for operational changes or managerial actions that may be considered to lessen the impact or likelihood of this type of event occurring in the future:

8. List any current or new systems, Parameters, Policies & Procedures or Training in your agency or through DMH, that may help your staff deal more effectively with the clinical or other issues inherent in this type of event: